

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Council of Life Insurers Political Action Committee

ADDRESS (number and street)

101 Constitution Ave., NW

Suite 700

Check if different  
than previously  
reported. (ACC)

Washington

DC

20001

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00147066

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Quarterly Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

11

01

2009

through

11

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Donald L. Walker

Signature of Treasurer

Electronically Filed by Mr. Donald L. Walker

Date

12

16

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 34

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period:

From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		58032.39
(b) Cash on Hand at Beginning of Reporting Period .....	78785.41	
(c) Total Receipts (from Line 19) .....	15758.74	304012.99
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	94544.15	362045.38
7. Total Disbursements (from Line 31) .....	24000.00	291501.23
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	70544.15	70544.15
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period:

From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	7615.27	93247.16
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	1643.47	36765.83
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	9258.74	130012.99
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	6500.00	174000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	15758.74	304012.99
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	15758.74	304012.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	15758.74	304012.99

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23000.00	279801.23	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	1000.00	11700.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	24000.00	291501.23	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24000.00	291501.23	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 34

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	15758.74	304012.99
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15758.74	304012.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas E. Rattmann

Mailing Address 2601 Pinebluff Drive

City

Vestal

State

NY

Zip Code

13850-2909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Columbian Mutual Life Ins-  
urance Compan

Occupation

Chairman of the Board, President & Chi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1175.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 9

Transaction ID: 32238562

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Harold E. Riley

Mailing Address P.O. Box 149151

City

Austin

State

TX

Zip Code

78714-9151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CICA Life Insurance Compa-  
ny of America

Occupation

Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 9

Transaction ID: 32238563

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Howard V. Neff

Mailing Address 6 Ships Way

City

Bourne

State

MA

Zip Code

02532-5424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Boston Mutual Life Insura-  
nce Company

Occupation

Vice President, Real Estate and CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Transaction ID: 32238564

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Gail E. Lataille

Mailing Address 256 Stanley Drive

City

Glastonbury

State

CT

Zip Code

06033-2622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VantisLife Insurance Comp-  
any

Occupation

Senior Vice President and Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 9 / 2 0 0 9

Transaction ID: 32282184

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Scott E. Smith

Mailing Address 19 Cardinal Way

City

South Windsor

State

CT

Zip Code

06074-3745

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VantisLife Insurance Comp-  
any

Occupation

Senior Vice President & COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 9 / 2 0 0 9

Transaction ID: 32282194

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Dennis J. Manning

Mailing Address 631 Long Ridge Road  
Unit 22

City

Stamford

State

CT

Zip Code

06902-1258

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Guardian Life Insurance  
Company of Ame

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 9

Transaction ID: 32453322

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joseph A. Sikora

Mailing Address 866 Crestgate Circle

City

Orlando

State

FL

Zip Code

32819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hannover Life Reassurance  
Company of A

Occupation

SVP & Chief Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 32482835

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph A. Sikora

Mailing Address 866 Crestgate Circle

City

Orlando

State

FL

Zip Code

32819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hannover Life Reassurance  
Company of A

Occupation

SVP & Chief Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 32678762

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ross L. Sargent

Mailing Address 101 Constitution Ave, NW  
Suite 700

City

Washington

State

DC

Zip Code

20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
Insurers

Occupation

Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1056.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR1120489718068

Amount of Each Receipt this Period

96.00

P/R Deduction (\$48.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

136.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Donald L. Walker

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR1156427118068

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. John J Patterson

Mailing Address 10075 Red Run Blvd

City State Zip Code  
Owings Mills MD 21117-4865

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baltimore Life Insurance  
Company

Occupation  
Senior Vice President, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

481.25

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR1231727518068

Amount of Each Receipt this Period

137.50

P/R Deduction (\$68.75 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. W. Bryant Sadler

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2140

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Staff Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR1415470218068

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

257.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Mandana Parsazad

Mailing Address 1914 Horse Shoe Drive

City

Vienna

State

VA

Zip Code

22182-3755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
Insurers

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR1481799818068

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Craig D. Simms

Mailing Address 31 Quail Hollow Drive

City

Southington

State

CT

Zip Code

06489-1617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VantisLife Insurance Comp-  
any

Occupation  
Senior Vice President, Sales & Marketi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR1503559918068

Amount of Each Receipt this Period

24.00

P/R Deduction (\$12.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Peter L. Tedone

Mailing Address 32 Lincoln

City

Weatogue

State

CT

Zip Code

06089-9780

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VantisLife Insurance Comp-  
any

Occupation  
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

651.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR1503560118068

Amount of Each Receipt this Period

62.00

P/R Deduction (\$31.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

106.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Walter C. Welsh

Mailing Address 101 Constitution Ave, NW  
 101 Constitution Ave, NW

City State Zip Code  
 Washington DC 20001-2140

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 American Council of Life  
 Insurers

Occupation  
 Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3838.56

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 3 0 / 2 0 0 9

Transaction ID: PR1550105918068

Amount of Each Receipt this Period

348.96

P/R Deduction (\$174.48 Se-  
 mi-Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Robert H. Neill Jr., Jr.

Mailing Address 101 Constitution Ave, NW  
 Suite 700

City State Zip Code  
 Washington DC 20001-2140

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 American Council of Life  
 Insurers

Occupation  
 Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 3 0 / 2 0 0 9

Transaction ID: PR1554864818068

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Sem-  
 i-Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Gail Steinberg

Mailing Address 101 Constitution Ave, NW  
 Suite 700

City State Zip Code  
 Washington DC 20001-2140

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 American Council of Life  
 Insurers

Occupation  
 Director, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 3 0 / 2 0 0 9

Transaction ID: PR1565786718068

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Sem-  
 i-Monthly)

SUBTOTAL of Receipts This Page (optional) .....

488.96

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Bruce A. Friedland

Mailing Address 116 Hill Top Drive

City

Weatogue

State

CT

Zip Code

06089-9676

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VantisLife Insurance Comp-  
any

Occupation

Vice President & Chief Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR1638876018068

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Shannon N. Salinas

Mailing Address 101 Constitution Ave, NW  
Suite 700

City

Washington

State

DC

Zip Code

20001-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
Insurers

Occupation

Counsel, Taxes & Retirement Security

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR1647849718068

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Sem-  
i-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Stephanie Baker

Mailing Address 6652 Loch Hill Road

City

Baltimore

State

MD

Zip Code

21239-1644

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baltimore Life Insurance  
Company

Occupation

Assoc. Vice President, New Business

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR1719284418068

Amount of Each Receipt this Period

75.00

P/R Deduction (\$37.50 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

365.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Gary E. Hughes

Mailing Address 101 Constitution Avenue, NW  
Suite 700 WestCity State Zip Code  
Washington DC 20001-2133FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
InsurersOccupation  
Executive Vice Pres & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3208.26

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR771358218068

Amount of Each Receipt this Period

291.66

P/R Deduction (\$145.83 Se-  
mi-Monthly)

B.

Full Name (Last, First, Middle Initial)

Ms. Linda H. Cunningham

Mailing Address 101 Constitution Avenue, NW  
Suite 700 WestCity State Zip Code  
Washington DC 20001-2133FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
InsurersOccupation  
Vice President, Conference Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1118.27

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR771362418068

Amount of Each Receipt this Period

101.66

P/R Deduction (\$50.83 Sem-  
i-Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Roberta B. Meyer

Mailing Address 101 Constitution Avenue, NW  
Suite 700 WestCity State Zip Code  
Washington DC 20001-2133FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
InsurersOccupation  
Assoc. General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR771362718068

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Sem-  
i-Monthly)

SUBTOTAL of Receipts This Page (optional) .....

413.32

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. John F. Dolan

Mailing Address 101 Constitution Ave, NW  
Suite 700 WestCity State Zip Code  
Washington DC 20001-2133FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
InsurersOccupation  
Vice President, Media Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR771365418068

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)

Ms. Barbara A. Price

Mailing Address 101 Constitution Avenue, NW  
Suite 700 WestCity State Zip Code  
Washington DC 20001-2133FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
InsurersOccupation  
VP, Legislative & Regulatory Informati

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.60

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR771369018068

Amount of Each Receipt this Period

54.60

P/R Deduction (\$27.30 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. J. Bruce Ferguson

Mailing Address 101 Constitution Avenue, NW  
Suite 700 WestCity State Zip Code  
Washington DC 20001-2133FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
InsurersOccupation  
Senior Vice President, State Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2876.05

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR771373218068

Amount of Each Receipt this Period

261.46

P/R Deduction (\$130.73 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) .....

376.06

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Shawn Hausman

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Sr. Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

544.80

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR771373518068

Amount of Each Receipt this Period

52.08

P/R Deduction (\$26.04 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. David M. Leifer

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1455.73

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR771374018068

Amount of Each Receipt this Period

132.34

P/R Deduction (\$75.00 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. James D. Hall

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR771374318068

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

214.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. David R. Wentworth

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
Insurers

Occupation  
Vice President, Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR771376018068

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. C. Bryan Cox

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
Insurers

Occupation  
Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.30

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR771376818068

Amount of Each Receipt this Period

47.30

P/R Deduction (\$23.65 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. John W. Mangan, CEBS

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
Insurers

Occupation  
Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR771377118068

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

307.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Kimberly Dorgan

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
Insurers

Occupation

Executive Vice President, Federal Rela

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR771395118068

Amount of Each Receipt this Period

171.83

P/R Deduction (\$171.83 Se-  
mi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. John Pearson

Mailing Address 10075 Red Run Boulevard

City State Zip Code  
Owings Mills MD 21117-4865

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baltimore Life Insurance  
Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR771402618068

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Olivia Gillis

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
Insurers

Occupation

Senior Editor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR771408118068

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Sem-  
i-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

391.83

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Morris Goff

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1790.30

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR771419318068

Amount of Each Receipt this Period

177.26

P/R Deduction (\$88.63 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Frank Keating

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4583.26

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR771419718068

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Brenda Nation

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR771419918068

Amount of Each Receipt this Period

125.00

P/R Deduction (\$75.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

718.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Nancy Smith

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
Insurers

Occupation  
Executive Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR771420018068

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Debra K. West

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
Insurers

Occupation  
Senior Counsel & Director, Southern Re

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR771421018068

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael Lovendusky

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
Insurers

Occupation  
Assoc. General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR771421118068

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Katherine C. Smith

Mailing Address 101 Constitution Ave, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
Insurers

Occupation  
PAC Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

713.68

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR771422918068

Amount of Each Receipt this Period

64.88

P/R Deduction (\$32.44 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jeffry J. Janoska

Mailing Address 101 Constitution Avenue, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
Insurers

Occupation  
Senior Policy Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.73

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR771423118068

Amount of Each Receipt this Period

18.34

P/R Deduction (\$9.17 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Lisa Tate

Mailing Address 101 Constitution Avenue, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
Insurers

Occupation  
Associate General Counsel, Litigation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR771423218068

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

163.22

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Nina Aponte

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Senior Staff Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR771425318068

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. John P. Gerni

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Senior Legislative Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1339.35

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR771428718068

Amount of Each Receipt this Period

121.76

P/R Deduction (\$60.88 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Juan Carlos Scott

Mailing Address 101 Constitution Ave, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Senior Vice President, Federal Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1441.46

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR771428818068

Amount of Each Receipt this Period

131.04

P/R Deduction (\$65.52 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

272.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David C. Turner

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Sr. Vice President and Corp Sec.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2260.55

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR771428918068

Amount of Each Receipt this Period

222.42

P/R Deduction (\$111.21 Se-  
mi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Miriam Krol

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR771434018068

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Sem-  
i-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Kynondo Lewis

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Senior Legal Editor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.38

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR771439618068

Amount of Each Receipt this Period

19.58

P/R Deduction (\$9.79 Semi-  
Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

262.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Alane R. Dent

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

641.73

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR771444318068

Amount of Each Receipt this Period

58.34

P/R Deduction (\$29.17 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

T. Scott Dixon

Mailing Address 101 Constitution Avenue NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR771444918068

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Andrew Melnyk

Mailing Address 101 Constitution Avenue NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Director, Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.85

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR771445818068

Amount of Each Receipt this Period

31.26

P/R Deduction (\$15.63 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

129.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mrs. Courtney English

Mailing Address 101 Consitution Avenue NW  
Suite 700City State Zip Code  
Washington DC 20001-2140FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
InsurersOccupation  
Director, Grassroots

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.85

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR771449418068

Amount of Each Receipt this Period

36.26

P/R Deduction (\$16.38 Sem-  
i-Monthly)

B.

Full Name (Last, First, Middle Initial)

Ms. Julie A. Spiezio

Mailing Address 101 Constitution Avenue NW  
Suite 700City State Zip Code  
Washington DC 20001-2133FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
InsurersOccupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR771449618068

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Sem-  
i-Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. John K. Bruins

Mailing Address 101 Constitution Avenue NW  
Suite 700City State Zip Code  
Washington DC 20001-2133FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
InsurersOccupation  
Senior Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR771450118068

Amount of Each Receipt this Period

28.50

P/R Deduction (\$14.25 Sem-  
i-Monthly)

SUBTOTAL of Receipts This Page (optional) .....

114.76

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Raymond J. Hazel

Mailing Address 7 Daydilly Court

City

Wilmington

State

DE

Zip Code

19808-1951

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
London Life Reinsurance  
Company

Occupation

VP Finance, & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR796887918068

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mrs Monica M Hainer

Mailing Address 130 Wentworth Drive

City

Lansdale

State

PA

Zip Code

19446-1671

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
London Life Reinsurance  
Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.96

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR798114418068

Amount of Each Receipt this Period

77.16

P/R Deduction (\$38.58 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Maurice Perkins

Mailing Address 101 Constitution Ave, NW  
Suite 700

City

Washington

State

DC

Zip Code

20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
Insurers

Occupation

Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1909.83

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR805149118068

Amount of Each Receipt this Period

185.42

P/R Deduction (\$92.71 Sem-  
i-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

302.58

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Wayne Mehlman

Mailing Address 101 Constitution Avenue, NW  
Suite 700City State Zip Code  
Washington DC 20001-2133FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
InsurersOccupation  
Counsel, Insurance Regulation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR904819518068

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Sem-  
i-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶

50.00

TOTAL This Period (last page this line number only) ▶

7615.27

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 34

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Allianz Life Insurance Company PAC

Mailing Address 591 Redwood Highway #4000

City

Mill Valley

State

CA

Zip Code

94941

FEC ID number of contributing  
federal political committee.

**C**

C00095109

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 32302025

Amount of Each Receipt this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

USAA Group PAC

Mailing Address USAA Building OP-1-E  
9800 Fredericksburg Road

City

San Antonio

State

TX

Zip Code

78288

FEC ID number of contributing  
federal political committee.

**C**

C00164145

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 0 9

Transaction ID: 32453323

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

6500.00

**TOTAL** This Period (last page this line number only) .....

6500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Keep Jeff Greer Representative

Mailing Address P.O. Box 1007

City Bradenburg State KY Zip Code 40108

Purpose of Disbursement  
Jeff Greer, STATE HOUSE 27th KY

Candidate Name  
KY Rep. Jeff Greer

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 27

Transaction ID: 32120502

Date of Disbursement

11 / 03 / 2009

Amount of Each Disbursement this Period

500.00

Jeff Greer, STATE HOUSE  
27th KY

**B.** Full Name (Last, First, Middle Initial)  
Campaign Fund for Robert R. Damron

Mailing Address 231 Fairway West

City Nicholasville State KY Zip Code 40356

Purpose of Disbursement  
Robert Damron, STATE HOUSE 39th KY

Candidate Name  
Representa Robert Damron

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 39

Transaction ID: 32120505

Date of Disbursement

11 / 03 / 2009

Amount of Each Disbursement this Period

500.00

Robert Damron, STATE HOUSE  
39th KY

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

1000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 34

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

New Millennium PAC

Mailing Address 315 C Street, SE  
Lower Level

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 32286644

Date of Disbursement

/   /

Amount of Each Disbursement this Period

011

Category/  
Type

**B.**

Full Name (Last, First, Middle Initial)

Friends for Harry Reid

Mailing Address PO Box 85223

City Las Vegas State NV Zip Code 89185

Purpose of Disbursement

Candidate Name  
Harry Reid

Office Sought: ☐ House  
☒ Senate  
☐ President

State: NV District:

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 32286653

Date of Disbursement

/   /

Amount of Each Disbursement this Period

011

Category/  
Type

**C.**

Full Name (Last, First, Middle Initial)

Friends of Blanche Lincoln

Mailing Address PO Box 3197  
P O Box 118

City Little Rock State AR Zip Code 72203

Purpose of Disbursement

Candidate Name  
Blanche Lincoln

Office Sought: ☐ House  
☒ Senate  
☐ President

State: AR District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 32286654

Date of Disbursement

/   /

Amount of Each Disbursement this Period

011

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 34

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Friends Of Mark Warner

Mailing Address 1029 North Royal Street 2nd Fl

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name  
Mr. Mark Warner

Office Sought: ☐ House  
☒ Senate  
☐ President

State: VA District:

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 32286655

Date of Disbursement

11 / 12 / 2009

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Capuano For Senate Committee

Mailing Address 172 Central St

City Somerville State MA Zip Code 02145

Purpose of Disbursement

Candidate Name  
Michael Capuano

Office Sought: ☐ House  
☒ Senate  
☐ President

State: MA District:

Disbursement For: 2009  
☐ Primary ☐ General  
☒ Other (specify) ▼

Special-Primary2009

011  
Category/  
Type

Transaction ID: 32286656

Date of Disbursement

11 / 12 / 2009

Amount of Each Disbursement this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Kind For Congress Committee

Mailing Address 1207 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name  
Rep. Ron Kind

Office Sought: ☒ House  
☐ Senate  
☐ President

State: WI District: 03

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 32286707

Date of Disbursement

11 / 12 / 2009

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 / 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Bachus for Congress

Mailing Address P O Box 59444

City  
BirminghamState  
ALZip Code  
35259

Purpose of Disbursement

Candidate Name  
Spencer BachusOffice Sought: ☒ House  
☐ Senate  
☐ President

State: AL District: 06

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼011  
Category/  
Type

Transaction ID: 32286708

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	9

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Bennett Election Committee

Mailing Address PO Box 77361

City  
WashingtonState  
DCZip Code  
20013

Purpose of Disbursement

Candidate Name  
Robert BennettOffice Sought: ☐ House  
☒ Senate  
☐ President

State: UT District:

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼011  
Category/  
Type

Transaction ID: 32286709

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Tiberi for Congress

Mailing Address 217 Third Street, SE

City  
WashingtonState  
DCZip Code  
20003

Purpose of Disbursement

Candidate Name  
Patrick TiberiOffice Sought: ☒ House  
☐ Senate  
☐ President

State: OH District: 12

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼011  
Category/  
Type

Transaction ID: 32286710

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

4500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 34

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Friends of John Tanner

Mailing Address 236 Massachusetts Ave, NE  
Suite 508

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
John Tanner

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 08

Transaction ID: 32286712

Date of Disbursement

11 / 12 / 2009

Amount of Each Disbursement this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Perlmutter For Congress

Mailing Address 3440 Youngfield Street #264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Edwin Perlmutter

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 07

Transaction ID: 32286713

Date of Disbursement

11 / 12 / 2009

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Barney Frank for Congress

Mailing Address 38 Ivy Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Barney Frank

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 04

Transaction ID: 32286881

Date of Disbursement

11 / 12 / 2009

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 34

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Van Hollen For Congress

Mailing Address 10605 Concord Street  
Suite 202

City Kensington State MD Zip Code 20895

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Chris Van Hollen

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 08

Transaction ID: 32286957

Date of Disbursement

11 / 12 / 2009

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Friends of Carolyn McCarthy

Mailing Address 151 Linden Road

City Mineola State NY Zip Code 11501

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Carolyn McCarthy

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 04

Transaction ID: 32287084

Date of Disbursement

11 / 12 / 2009

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Congressman Bart Gordon Committee

Mailing Address P.O. Box 2008

City Murfreesboro State TN Zip Code 37133

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Bart Gordon

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 06

Transaction ID: 32287085

Date of Disbursement

11 / 12 / 2009

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends Of Erik Paulsen

Mailing Address P.O. Box 44369  
250 Prairie Center Drive

City State Zip Code  
Eden Prairie MN 55344

Purpose of Disbursement

Candidate Name  
Mr. Erik Paulsen

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MN District: 03

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 32287086

Date of Disbursement

/   /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

23000.00